PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 044867

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.



Department of th Internal Revenue		 Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions an 	•	Open to Public Inspection	
				JN 30, 2022	-
B Check if applicable:	C Name o	forganization		D Employer identification	on number
Address change Name	· · ·	DEGREES			
change	Doing b	usiness as		95-3667812	
Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Final return/	1401 I	OS GAMOS	205	415-459-4240	
termin- ated	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,890,975
Amended	SAN RA	FAEL, CA 94903		H(a) Is this a group return	า
Applica- tion pending	F Name a	nd address of principal officer: KIM MAZZUCA		for subordinates?	Yes X No
pending	SAME AS	C ABOVE		H(b) Are all subordinates include	ed? Yes No
I Tax-exem	pt status:	x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a list.	
	► T.TT.TT.T 1 0	AAADEGDEEG ODG			

		ite: WWW.10000DEGREES.ORG	H(c) Group exempt	ion number 🕨
			Year of formation: 1981	M State of legal domicile: CA
Pa	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities: <u>ACHIEVE EDU</u>	ICATIONAL EQUITY AND	
Governance		SUPPORT STUDENTS FROM LOW-INCOME BACKGROUNDS TO COMPLETE HIGHER H		
na	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	ssets.
Ne	3	Number of voting members of the governing body (Part VI, line 1a)		3 29
	4	Number of independent voting members of the governing body (Part VI, line 1b)		1 29
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	Ę	5 112
)itie	6	Total number of volunteers (estimate if necessary)		; 120
Activities	7 a		7	a ⁰ .
◄	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		b ⁰ .
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,676,987	. 21,348,771.
	9	Program service revenue (Part VIII, line 2g)	285,000	. 487,008.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,510	. 2,077.
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,164	130,854.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,132,333	. 21,707,002.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,800,644	. 4,268,832.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	. 0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,114,128	. 7,379,738.
bense	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
ē		Total fundraising expenses (Part IX, column (D), line 25)		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,305,132	. 1,545,283.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,219,904	. 13,193,853.
	19	Revenue less expenses. Subtract line 18 from line 12	-87,571	. 8,513,149.
Pas			Beginning of Current Yea	End of Year
sets	20	Total assets (Part X, line 16)	19,169,911	. 27,437,670.
t Assets or d Balances	21	Total liabilities (Part X, line 26)	2,451,161	. 2,518,399.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	16,718,750	. 24,919,271.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of	officer			Date		
Here		KIM MAZZ	UCA, PRESIDENT & CEO					
		Type or prin	t name and title					
	Prin	t/Type prepare	er's name	Preparer's signature	Date	Check	PTIN	
Paid	BRIAN YACKER BRIAN YACKER					if self-employed	P00401346	
Preparer	Firm	n's name 🕒	BAKER TILLY US, LLP			Firm's EIN 🕨 3	9-0859910	
Use Only	Firm	n's address 🕨	18500 VON KARMAN AVE, 10	TH FLOOR				
			IRVINE, CA 92612			Phone no.949.22	22.2999	
May the II	RS di	scuss this re	turn with the preparer shown abo	ve? See instructions			X Yes	No
							0	A (19.9.1)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) 10,000 DEGREES	95-3667812	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	10,000 DEGREES IS A LEADING COLLEGE SUCCESS NONPROFIT IN THE SAN		
	FRANCISCO BAY AREA. WE HELP STUDENTS FROM LOW-INCOME BACKGROUNDS GAIN		
	ACCESS TO AND COMPLETE HIGHER EDUCATION TO POSITIVELY IMPACT THEIR		
	COMMUNITIES AND THE WORLD. SPECIFICALLY, WE DELIVER NEAR-PEER ADVISING		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 6,575,368. including grants of \$ 4,262,832.) (Revenue	\$ 4	87,008.)
	COLLEGE SUCCESS AND SCHOLARSHIP PROGRAMS: THE GOAL OF 10,000 DEGREES		
	COLLEGE SUCCESS PROGRAMMING IS TO ENSURE THAT ALL OF OUR STUDENTS		
	COMPLETE THEIR UNDERGRADUATE DEGREES WITHIN SIX YEARS. 10,000 DEGREES		
	STUDENTS STARTING AT FOUR-YEAR COLLEGES HAVE A GRADUATION RATE OVER		
	80%. 10,000 DEGREES STUDENTS STARTING AT COMMUNITY COLLEGE TRANSFER TO		
	FOUR-YEAR COLLEGES AND GRADUATE WITH A BACCALAUREATE DEGREE AT A RATE		
	THREE TIMES THE NATIONAL AVERAGE. SPECIFICALLY, OUR SERVICES INCLUDE		
	ON-CAMPUS OFFICE HOURS AT OUR LOCAL COMMUNITY COLLEGES AND LOCAL STATE		
	UNIVERSITIES, NEAR-PEER ADVISING, AND THE DEVELOPMENT OF A CAMPUS		
	COMMUNITY FOSTERING CAMPUS CONNECTIONS AND ASSISTING STUDENTS IN		
	ACTIVATING RESOURCES AND NAVIGATING OPPORTUNITIES. WE ALSO OFFER		
	REGULAR PUBLIC WORKSHOPS ON FINANCIAL AID, TIME MANAGEMENT SKILLS, AND		
4b	(Code:) (Expenses \$ 2,817,459. including grants of \$ 6,000.) (Revenue	\$)
	COLLEGE ACCESS PROGRAMS: 10,000 DEGREES COLLEGE ACCESS PROGRAMMING		/
	REACHES MORE THAN 10,000 STUDENTS AND FAMILIES EACH YEAR PROVIDING THE		
	PREPARATION, RELEVANT INFORMATION, AND FINANCIAL RESOURCES TO HELP		
	STUDENTS GET TO COLLEGE. WE ALSO SEEK TO CREATE AN ENVIRONMENT THAT		
	PROMOTES EDUCATIONAL EQUITY VIA COMMUNITY ACTIVITIES. OUR COMPREHENSIVE		
	COLLEGE ACCESS AND PROGRAM PROVIDES INTENSIVE COLLEGE PREPARATION,		
	MENTORING, COLLEGE AND FINANCIAL AID COUNSELING, COLLEGE CAMPUS TOURS,		
	AND FAFSA COMPLETION AMONG A SERIES OF OTHER PUBLIC WORKSHOPS MAKING		
	SURE STUDENTS AND FAMILIES ENROLL IN COLLEGE SUCCESSFULLY.		
4c	(Code:) (Expenses \$798,871. including grants of \$) (Revenue	\$)
	FELLOWSHIP PROGRAM: FELLOWS ARE RECENT COLLEGE GRADUATES FROM		
	LOW-INCOME BACKGROUNDS, MOST OF WHOM ARE ALUMNI OF 10,000 DEGREES		
	PROGRAMS. THEY SERVE IN TWO TO THREE YEAR FELLOWSHIPS IN ACCESS AND		
	SUCCESS PROGRAM LEADERSHIP ROLES WHERE THEY SUPPORT STUDENTS AND		
	FAMILIES. FELLOWS GAIN HANDS-ON LEADERSHIP EXPERIENCE WHICH IS		
	CONTRIBUTING TO THE SUCCESS AND EFFICACY OF OUR PROGRAMS. AS RECENT		
	COLLEGE GRADUATES FROM LOW-INCOME BACKGROUNDS, THE FELLOWS HAVE DEEP		
	CONTENT EXPERTISE AND CULTURAL AWARENESS OF THE CHALLENGES STUDENTS		
	FACE. THEIR NEAR-PEER ROLE MODELING HELPS OUR STUDENTS UNDERSTAND,		
	NAVIGATE AND MANAGE THE ENTIRE COLLEGE SUCCESS PROCESS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 10,191,698.	,	

Form **990** (2021)

Form	990 (2021) 10,000 DEGREES 95-36678	L2	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h.	Part VI	<u>11a</u>	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	x	
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

Pa	t IV Checklist of Required Schedules (continued)			<u>-90</u>		
	l (continued)		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		x		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		x		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38						
	Note: All Form 990 filers are required to complete Schedule O 38					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 44	Ľ				
h	Enter the number of Forms W-2G included on line 1a Enter Q, if not applicable)				

 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
 1b

 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

 (gambling) winnings to prize winners?

1c

10,	000	DEGREES
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Form	1990 (2021) 10,000 DEGREES 95-366	7812	Р	age 5			
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	112					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x			
b				x			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	····					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
ou		6a		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
		6b					
7	Organizations that may receive deductible contributions under section 170(c).						
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a	x				
b			x	<u> </u>			
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>			
U	to file Form 8282?	. 7c		x			
d		. 10					
e		7e		x			
f							
ч g							
9 h							
8							
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b							
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	. 15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7k	below, and for a "No	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	29		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	/ other		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct su	upervision		
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	e or		
	more members of the governing body?			x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde	ers, or		
	persons other than the governing body?			x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th	ne		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	ı 📃	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, at	ffiliates,		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10k)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	iling the form? 11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12:	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	ts? 12 t) X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc	cribe		
	on Schedule O how this was done	120	; X	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by indep	pendent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization		, X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a		
	taxable entity during the year?		1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part	icipation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16t)	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T ((section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Sche	dule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest policy, and fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords		
	JULIE CREIGHTON - 415-459-4240			
	1401 LOS GAMOS, 205, SAN RAFAEL, CA 94903			

Form 990 (2	2021) 10,000 DEGREES	95-3667812	Page 7				
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employe	əs					
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's t	tax year.				
	Il of the organization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of compensat	tion.				
Enter -0- in	columns (D), (E), and (F) if no compensation was paid.						

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)				
Name and title	Average	(do			Position neck more than one			Reportable	Reportable	Estimated			
	hours per	box	box, unless pers			k, unless person is both an icer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer ar		irector/trustee)			from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the			
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	ual tr	tional		yolqr	vee Vee	_	1099-1120)		organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) KIM MAZZUCA	40.00	_			-		4						
PRESIDENT/CEO				x				210,161.	0.	12,044.			
(2) TRACI LANIER	40.00												
VICE PRESIDENT					х			175,962.	0.	24,879.			
(3) CAROLINE SILVERSTEIN	40.00												
CHIEF DEVT. OFFICER						X		140,161.	0.	24,496.			
(4) JULIE CREIGHTON	40.00												
FINANCE DIRECTOR				х				125,349.	0.	20,544.			
(5) ALAINA BAUM	40.00												
DIR. MARKETING/COMMUNICATIONS						X		122,635.	0.	8,844.			
(6) CHRISTOPHER GONZALES	40.00												
DIR. STRATEGIC GROWTH/SCHOOL P'SHIPS						X		120,067.	0.	6,827.			
(7) KATRIN CIAFFA	40.00												
REGIONAL DIRECTOR						X		112,147.	0.	14,189.			
(8) VANESSA BISHOP	40.00												
CHIEF PROGRAM OFFICER						X		114,042.	0.	10,644.			
(8) CLAUDIA MOELLER	40.00												
VP STRATEGIC GROWTH				х				42,525.	0.	12,118.			
(9) SANDY DONNELL	1.00												
CHAIR		Х		Х				0.	0.	0.			
(10) GUY LAMPARD	1.00												
VICE-CHAIR		Х		Х				0.	0.	0.			
(11) PEG PIKE	1.00												
TREASURER		Х		X				0.	0.	0.			
(12) ERIC BINDELGLASS	1.00												
SECRETARY		Х		X				0.	0.	0.			
(13) TOBY MUMFORD	1.00												
DIRECTOR		х						٥.	0.	0.			
(14) JONATHAN ELDRIDGE	1.00												
DIRECTOR		Х						0.	0.	0.			
(15) MARK MOKELKE	1.00												
DIRECTOR		х						٥.	0.	0.			
(16) DENISE LUCY	1.00												
DIRECTOR		Х						0.	0.	0.			

Form 990 (2021) 10,000 DEGREE	IS								95-36	6781	2	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)												(F)	
Name and title	Average	(do			itior			Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss pei	rson i	than o is both	n an	compensation	compensatio	n	an	nount	of
	week	offic	cer an	dad	irecto	or/trus	tee)	from	from related			other	
	(list any	actor						the	organizations	\$	com	pensa	ation
	hours for	or dir	e			ted		organization	(W-2/1099-MIS	C/	fr	om th	е
	related	stee (ruste			pensa		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations below	al tru	onal t		loyee	e com		1099-NEC)				d relat	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(17) SUSAN PRESTON	1.00	-		9	Ж	포칭	Б			-+			
DIRECTOR		x						0.		٥.			٥.
(18) TAM TIETALUMNUS	1.00					\vdash							
DIRECTOR		х						0.		٥.			٥.
(19) BERT RICHARDS	1.00												
DIRECTOR		х						0.		٥.			Ο.
(20) SHEILA LARSEN	1.00												
DIRECTOR		х						0.		٥.			٥.
(21) MADELEINE SINCLAIR	1.00												
DIRECTOR		х						0.		٥.			0.
(22) JENNIFER SWEENEY	1.00												
DIRECTOR		Х						٥.		٥.			٥.
(23) MARY WOLFE	1.00												
DIRECTOR		Х						0.		0.			٥.
(24) JANELLE CHARLESALUMNUS	1.00												
DIRECTOR		х				-		0.		0.			٥.
(25) DEBORAH GOLDMAN	1.00												0
DIRECTOR		Х						0.		0.		124	0.
1b Subtotal								1,163,049.		0.		134,	
c Total from continuation sheets to Part VI								0.		0.	134,585.		0.
								, ,	000 - (134,	565.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				9
compensation from the organization												Yes	No
										ſ		162	NO
3 Did the organization list any former officer,	-			•			Ŭ						
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su												77	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	-				-			-			-		x
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	bers	son .					5		А
1 Complete this table for your five highest con	nnensated inc	lono	ndor		ontre	acto	re th	ast received more than \$	100 000 of comp	onsat	tion fre	m	
the organization. Report compensation for t	-	-								crisai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(A)			- Turi	ig w		51 111		(B)			(0	:)	
Name and business	address	NO	NE					Description of s	ervices	С	ompe		n
							_						
2 Total number of independent contractors (ir	0	ot lin	nitec	to			ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	ation 🕨				(0							

Name and title Average hours performed to the week (list any list any below Position (check all that apply) below Reportable compensation from related organization (W-2/1099-MISC) Reportable compensation from related organization (W-2/1099-MISC) Estimated amount of other organization (W-2/1099-MISC) (26) LUIS SILVA BEHRENS DIRECTOR 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 0. 0. 0. (28) JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 0. 0. 0. (21) JUISECTOR 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 0. 0. 0. (21) JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 0. 0. 0. (21) JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 0. 0. 0. (23) JCH ADGENSON 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 0. 0. 0. (23) JCH ADGRAN 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE 1.00 (Call JAY ABEE	Part VII Section A. Officers, Directors,		nplo	yee			ligh	est (, ,	
hours per week (list any hours of related organization below line) (check all that apply) week (list any hours of related organization below line) compensation from related organization (W2/1099-MISC) anount of from related organization (W2/1099-MISC) (26) LUIS SILVA BEHRENS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 0.00 0.00 0.00 (27) MICHAEL WHITCOMB 1.00 X 0 0.00 0.00 0.00 (28) JAY ABBE 1.00 X 0 0.00 0.00 0.00 DIRECTOR X 0 0.00 0.00 0.00 0.00 (30) JOIN JORGENSON 1.000 X 0 0.00 0.00 0.00 (31) MIKE MAUZE 1.000 X 0 0.00 0.00 0.00 (32) JP CONTE 1.000 X 0 0.00 0.00 0.00 (33) LILL MONGAN 1.000 X 0 0.00 0.00 0.00 (33) LIZBETH NAJERA-MUNOZ 1.000 X 0 0.00 0.00 0.00 (31) MIKE MAUZE 1.000 X 0			(C)								
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DIRECTOR X 0. 0. (37) SONU CHANDI 1.00 0. 0.		1 00							· ·	••	
(37) SONU CHANDI 1.00		1.00	x						0	0	
		1 00							`` •	••	
	DIRECTOR		x						0.	0.	
						\vdash					

art	t VIII									Г
		Check if Schedule O	conta	ains a respoi	nse	or note to any line	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue exclud from tax unde sections 512 - {
ស	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
A M	с	Fundraising events		1c		1,053,470.				
ar /	d	Related organizations		1d						
E	е	Government grants (contr	ibuti	ons) 1e		14,000.				
ž	f	All other contributions, gifts,								
Jthe		similar amounts not included	l abov			20,281,301.				
ס	g					104,530.	04 040 554			
a	h	Total. Add lines 1a-1f					21,348,771.			
		/	_			Business Code				
	2 a	ACCESS/SUCCESS PRGM				611710	487,008.	487,008.		
e	b									
ent	с									
Kevenue	d									
	е									
		All other program service					407 000			
-	g						487,008.			
	3	Investment income (including dividends, intere other similar amounts)				16 700			16 7	
							16,783.			16,7
	4	Income from investment of		-		F				
	5	Royalties		(i) Real		(ii) Personal				
	c -	Overes vente	C -	(i) Heal						
			6a Ch							
		Less: rental expenses	6b 6c							
		Rental income or (loss) Net rental income or (loss		•						
		Gross amount from sales of	/ <u></u>	(i) Securiti		(ii) Other				
	<i>i</i> a	assets other than inventory	7a	26,0						
	h	Less: cost or other basis	74	,-						
	D	and sales expenses	7b	40,7	09.					
	~	Gain or (loss)	7c	-14,7						
	d	Net gain or (loss)	-				-14,706.			-14,7
		Gross income from fundraisi					,			,
	• -	including \$ 1,	•	•						
		contributions reported on								
		Part IV, line 18		,	8a	6,202.				
	b	Less: direct expenses			8b					
		Net income or (loss) from			ts	>	-137,062.			-137,0
		Gross income from gamin		-						
		Part IV, line 19			9a	4,708.				
	b	Less: direct expenses			9b					
		Net income or (loss) from					4,708.			4,7
1		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of inventor	y	►				
						Business Code				
a 1	11 a	SETTLEMENT				900099	1,500.			1,5
Revenue	b									
eve	с									
-		All other revenue								
		Total. Add lines 11a-11d					1,500.			

10,000 DEGREES

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response			• • • •	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	120,000.	120,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,148,832.	4,148,832.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	685,759.	140,906.	365,741.	179,112.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,408,022.	4,134,061.	494,638.	779,323.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	168,414.	127,333.	9,762.	31,319.
9	Other employee benefits	647,472.	451,892.	77,606.	117,974.
10	Payroll taxes	470,071.	341,994.	60,217.	67,860.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	15,501.		6,501.	9,000.
с	9 F	102,216.		102,216.	
d	Lobbying				
е					
f	Investment management fees	613.		613.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	366,117.	191,079.	126,284.	48,754.
12	Advertising and promotion	121,961.	13,796.	60,687.	47,478.
13	Office expenses	201,630.	85,574.	23,844.	92,212.
14	Information technology	264,564.	186,502.	37,284.	40,778.
15	Royalties	205,863.	113,298.	54 457	38 108
16		17,998.	12,394.	54,457. 1,479.	38,108. 4,125.
17	Travel	17,550.	12,354.	1,1,5.	4,123.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,896.	24,979.	31,045.	30,872.
20	Interest	6,324.	5,036.	674.	614.
21	Payments to affiliates	,	, ,		
22	Depreciation, depletion, and amortization	59,615.	49,883.	5,096.	4,636.
23	Insurance	39,308.	15,622.	21,783.	1,903.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT	31,708.	3,548.	475.	27,685.
b	STUDENT SUPPLIES	24,969.	24,969.		
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,193,853.	10,191,698.	1,480,402.	1,521,753.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

	10,000	рпокано
nce Sheet		
if Schedule () contain	s a respons

	Check if Schedule O contains a response or no	te to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			96,110.	1	98,110.
2	Savings and temporary cash investments			12,047,939.	2	13,949,364.
3	Pledges and grants receivable, net			4,406,647.	3	10,904,279.
4					4	167,407.
5						
	trustee, key employee, creator or founder, subs	tantial contri	ibutor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disqual					
	under section 4958(f)(1)), and persons describe	d in section 4	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8					8	
9				162,645.	9	230,714.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	437,805.			
b			308,903.	131,001.	10c	128,902.
11					11	
12				2,303,852.	12	1,933,688.
13					13	
14				7,050.	14	2,964.
15			14,667.	15	22,242.	
16				19,169,911.	16	27,437,670.
17	Accounts payable and accrued expenses			291,492.	17	399,831.
18		404,375.	18	691,980.		
19			19	126,740.		
20			20			
21				21		
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the	se persons			22	
23	Secured mortgages and notes payable to unrel	ated third pa	Irties		23	
24	Unsecured notes and loans payable to unrelate	d third partie	es		24	
25	Other liabilities (including federal income tax, page 1)	ayables to re	lated third			
	parties, and other liabilities not included on line	s 17-24). Coi	mplete Part X			
	of Schedule D			1,755,294.	25	1,299,848.
26	Total liabilities. Add lines 17 through 25			2,451,161.	26	2,518,399.
	Organizations that follow FASB ASC 958, ch	eck here 🕨	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			2,187,524.	27	3,191,657.
28	Net assets with donor restrictions			14,531,226.	28	21,727,614.
	Organizations that do not follow FASB ASC 9	958, check h	iere 🕨 🗌			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds	s			29	
30					30	
31	Retained earnings, endowment, accumulated in	ncome, or otl	her funds		31	
32	Total net assets or fund balances			16,718,750.	32	24,919,271.
02						
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	 Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ 17 Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or forr trustee, key employee, creator or founder, subs controlled entity or family member of any of the Secured mortgages and notes payable to unrelate Other liabilities (including federal income tax, pay parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Retained earnings, endowment, accumulated in 	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officit trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons under section 4958(f)(1), and persons described in section - 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10a 10a 10a 10b 10a 10a 10b 11 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Sc 22	1 Cash · non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 inventories for sale or use 9 Prepaid expenses and deferred charges 10a 437,805. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - publicly traded securities 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or foun	I Cash - non-interest-bearing 96 (-110. 2 Savings and temporary cash investments 12,047,939. 3 Pledges and grants receivable, net 4,405,647. 4 Accounts receivable, net 4,405,647. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 6 Loans and other receivable, net and loans loans loans playable to unrelated third parties and other payables to any current or former officer,	I Cash - non-interest-bearing 96,110,1 I Savings and temporary cash investments 96,110,1 I Savings and temporary cash investments 12,047,939,2 I Pledges and grants receivable, net 4,406,647,3 I Casn and other receivable from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 I Lasns and other receivable, net 7 Investmories for sale or use 162,645,9 Investmories for sale or use 162,645,9 Investments - other securities. See Part IV, line 11 10,308,903,1311,001,100 Investments - other securities. See Part IV, line 11 7,055,14 Investments - other securities. See Part IV, line 11 7,050,14 Investments - other securities. See Part IV, line 11 12,03,852,12 Investments - other securities. See Part IV, line 11 17,050,14 Investments - other securities. See Part IV, line 11 19,169,911,16 Investments - other securities. See Part IV, line 11 19,169,911,16 Investments - other securities. See Part IV, line 11 19,169,911,16 Investments - other securities. See Part IV, line 11 12,044,375,180 <

Form **990** (2021)

10,000 DEGREES

Form 990 (2021)
Part X Balar

Form	1990 (2021) 10,000 DEGREES	95-366781	2	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,	707,	002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,	193,	853.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,	513,	149.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	718,	750.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		312,	628.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,	919,	271.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2021	

Open to Public

Inspection

Name	e of t	he organization	-					Employer	identification number
	_		DEGREES						95-3667812
Par	tI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3 [A hospital or a cooperative	hospital service orga	anization described in so	ection 170)(b)(1)(A)(ii	ii).		
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
-		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	•				.,		
7 [X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
- F		section 170(b)(1)(A)(vi). (C							
8 [A community trust describe							
9 [An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university: An organization that norma		than 22 1/20/ of its sum	ort from o	optribution	na mambarah	in food on	d aroos rossints from
		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Con				5555 20401		Janization a	
11		An organization organized a		vely to test for public sa	fetv See	section 50)9(a)(4).		
12	=	An organization organized a	•					rrv out the	purposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •			-		-	giving
		the supported organization		-	• • • •	-			
		organization. You must o	complete Part IV, Se	ections A and B.					
b] Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)						zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	I an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			Γ
		er the number of supported o	•						
<u>g</u>		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ing document?	support (see ir	-	support (see instructions)
				above (see instructions))	103				
Total									

Page 2

	(Form 990) 2021 10 , 00	0 DEGREES		95-3667812	Pa
Part II	Support Schedule for Org	anizations Described	in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the	e box on line 5, 7, or 8 of Pa	t I or if the organization failed to qualify under Pa	art III. If the organi	zation

fails to qualify under the tests listed below, please complete Part III.)

	nsteu below, plea	se complete i art i	,			
			1			
	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
membership fees received. (Do not						CO CO C C
	12,285,502.	11,999,594.	11,378,663.	11,676,987.	21,348,771.	68,689,517.
-						
•						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3	12,285,502.	11,999,594.	11,378,663.	11,676,987.	21,348,771.	68,689,517.
The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						10,024,551.
Public support. Subtract line 5 from line 4.						58,664,966.
ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	12,285,502.	11,999,594.	11,378,663.	11,676,987.	21,348,771.	68,689,517.
-	2,035.	66,428.	123,753.	25,286.	16,783.	234,285.
		,	,	,	,	
	12,474.	319,326.	151,767.		4,708.	488,275.
	,	,	,		,	,
•						
1	4 072.	4 000.	600 822.		1 500.	610,394.
		-, -,	,		-, -	70,022,471.
	etc. (see instructio				12	1,827,139.
,	,	,	ourth or fifth toy y	aar as a soction 50	I	_,,,,
-		5t, 5600nu, tilliu, l	ourth, or muriax y	Cai as a section 30		
organization, oneon this box and stop	-	centage				······ 🚩 📖
ction C. Computation of Publi						83.78 %
ction C. Computation of Public		ivided by line 11 o	olumn (f))		14	82.98 %
Public support percentage for 2021 (I	ine 6, column (f), d				14	%
Public support percentage for 2021 (I Public support percentage from 2020	ine 6, column (f), d Schedule A, Part	II, line 14			15	
Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the c	ine 6, column (f), d Schedule A, Part organization did no	II, line 14 t check the box on	line 13, and line 1	4 is 33 1/3% or m	15 ore, check this box	and
Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the o stop here. The organization qualifies	ine 6, column (f), d Schedule A, Part organization did no as a publicly supp	II, line 14 t check the box on orted organization	line 13, and line 1	4 is 33 1/3% or m	15 ore, check this box	and ► X
Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies a 33 1/3% support test - 2020. If the of	ine 6, column (f), d Schedule A, Part organization did no as a publicly supp organization did no	II, line 14 t check the box on orted organization t check a box on li	line 13, and line 1 ne 13 or 16a, and	4 is 33 1/3% or m line 15 is 33 1/3%	15 ore, check this box or more, check thi	x and ▶ X s box
Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies a 33 1/3% support test - 2020. If the of and stop here. The organization qual	ine 6, column (f), d Schedule A, Part organization did no as a publicly supp organization did no ifies as a publicly s	II, line 14 t check the box on orted organization t check a box on li supported organiza	line 13, and line 1 ne 13 or 16a, and tion	4 is 33 1/3% or m	15 ore, check this box or more, check thi	x and ►X s box ►
Public support percentage for 2021 (I Public support percentage from 2020 33 1/3% support test - 2021. If the or stop here. The organization qualifies 33 1/3% support test - 2020. If the or and stop here. The organization qual 10% -facts-and-circumstances test	ine 6, column (f), d Schedule A, Part organization did no as a publicly supp organization did no ifies as a publicly s - 2021. If the org	II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c	line 13, and line 1 ne 13 or 16a, and tion heck a box on line	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	15 ore, check this box or more, check thi ind line 14 is 10% c	x and
Public support percentage for 2021 (I Public support percentage from 2020 33 1/3% support test - 2021. If the or stop here. The organization qualifies 33 1/3% support test - 2020. If the or and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the fact	ine 6, column (f), d Schedule A, Part organization did no as a publicly suppor organization did no ifies as a publicly s - 2021. If the org s-and-circumstance	II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this	line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a r e. Explain in Part '	15 ore, check this box or more, check thi ind line 14 is 10% c	x and
Public support percentage for 2021 (I Public support percentage from 2020 33 1/3% support test - 2021. If the or stop here. The organization qualifies 33 1/3% support test - 2020. If the or and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	ine 6, column (f), d Schedule A, Part organization did no as a publicly suppor organization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio	II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul	line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization	15 ore, check this box or more, check thi nd line 14 is 10% o VI how the organiz	and s box or more, ation
Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies a 33 1/3% support test - 2020. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test 0 10% -facts-and-circumstances test	ine 6, column (f), d Schedule A, Part organization did no as a publicly suppor organization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio - 2020. If the org	II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul anization did not c	line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or heck a box on line	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ¹ ganization 13, 16a, 16b, or 1	15 ore, check this box or more, check this and line 14 is 10% of VI how the organiz 7a, and line 15 is 1	and s box or more, ation
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	<pre>ction A. Public Support indar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Ction B. Total Support indar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. 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Mary are (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 Is are ore or miniterest, divides, payments received on securi	Induct year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 12, 285, 502. 11, 999, 594. 11, 378, 663. 11, 676, 987. 21, 348, 771. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 12, 285, 502. 11, 999, 594. 11, 378, 663. 11, 676, 987. 21, 348, 771. Tax revenues levied for the organization without charge 12, 285, 502. 11, 999, 594. 11, 378, 663. 11, 676, 987. 21, 348, 771. The value of services or facilities formised by a governmental unit to the organization without charge 12, 285, 502. 11, 999, 594. 11, 378, 663. 11, 676, 987. 21, 348, 771. 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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 10,000 DEGREES Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second. third	ourth, or fifth tax	year as a section 5	501(c)(3) ora:	anization,
	0					·
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2020		2			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualit	fies as a publicly s	supported organiza	tion	
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization			-		-	

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Part IV Supporting Organizations (continued)				
			Yes	N
Has the organization accepted a gift or contribution from	m any of the following persons?			
a A person who directly or indirectly controls, either alone	e or together with persons described on lines 11b and			
11c below, the governing body of a supported organiza	ition?	11a		
b A family member of a person described on line 11a abo	ve?	11b		
c A 35% controlled entity of a person described on line 1	1a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.		11c		
ection B. Type I Supporting Organizations				
			Yes	
more supported organizations have the power to regula directors, or trustees at all times during the tax year? <i>If</i> <i>effectively operated, supervised, or controlled the organ</i>	ly, officers acting in their official capacity, or membership of o arly appoint or elect at least a majority of the organization's offin "No," describe in Part VI how the supported organization(s) ization's activities. If the organization had more than one supp or remove officers, directors, or trustees were allocated among	ïcers, orted		
supported organizations and what conditions or restricti Did the organization operate for the benefit of any supp	ons, if any, applied to such powers during the tax year.	1		
organization(s) that operated, supervised, or controlled	•			
Part VI how providing such benefit carried out the purpo	oses of the supported organization(s) that operated,	2		
supervised, or controlled the supporting organization. ection C. Type II Supporting Organizations		2		
			Yes	N
Were a majority of the organization's directors or truste	as during the tax year also a majority of the directors		103	
or trustees of each of the organization's supported orga				
or management of the supporting organization was vest	ed in the same persons that controlled or managed	1		
the supported organization(s). Action D. All Type III Supporting Organization	S			I
			Vee	
			Yes	N
Did the organization provide to each of its supported or				
	e type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently				
	te of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or true				
organization(s) or (ii) serving on the governing body of a	supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous wor	king relationship with the supported organization(s).	2		

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions)	
c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction	s)

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3

2a

2b

3a

Yes No

Sche	edule A (Form 990) 2021 10,000 DEGREES			95-3667812 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting org	anization (see
	instructions			

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 10,000 DEGREES				95-3667812	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 10,000 DEGREES	95-3667812 Page 8
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part IIPart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, SectionIne 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, ISection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS	
2017 AMOUNT: \$ 4,072.	
2018 AMOUNT: \$ 4,000.	
2019 AMOUNT: \$ 3,502.	
LEASE TERMINATION SETTLEMENT	
2019 AMOUNT: \$ 597,320.	
2021 AMOUNT: \$ 1,500.	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

mber

Name of the organization	1	Employer identification nu
	10,000 DEGREES	95-3667812
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundati	ion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General Rule		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a cor	
Special Rules		
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou EZ, line 1. Complete Parts I and II.	or 16b, and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv ring the year, total contributions of more than \$1,000 exclusively for religious, char ational purposes, or for the prevention of cruelty to children or animals. Complete n (b) instead of the contributor name and address), II, and III.	ritable, scientific,
year, contribution is checked, ente purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiven ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions t er here the total contributions that were received during the year for an <i>exclusively</i> complete any of the parts unless the General Rule applies to this organization be able, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box /y religious, charitable, etc., ecause it received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sche line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form iling requirements of Schedule B (Form 990).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Ν

	B (Form 990) (2021)	1	Page
Name of o	rganization	En	nployer identification number
10,000 I	DEGREES		95-3667812
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,740,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$750,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$750,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$570,740	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$489,260	Person X Payroll

ame of or	ganization	Er	nployer identification num
D,000 D	EGREES		95-3667812
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number			
10,000 D	DEGREES		95-3667812			
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gi				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
[
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	gift Relationship of transferor to transferee			

(1 0111 000)	For Org	anizations Exempt From Incon	ne Tax Under section	n 501(c) and section 527		2021
Department of the Treasury	Department of the Treasury			EZ.	Open to Public	
Internal Revenue Service		io to www.irs.gov/Form990 fo				Inspection
-		Form 990, Part IV, line 3, or F		ine 46 (Political Campaigr	n Activi	ties), then
		plete Parts I-A and B. Do not co	•			
		1(c)(3)) organizations: Complete	Parts I-A and C below	v. Do not complete Part I-B	•	
 Section 527 organiz 	•					
		Form 990, Part IV, line 4, or Form 990, Part IV, line 4, or Form				
		nave filed Form 5768 (election un		•	•	
		nave NOT filed Form 5768 (elect				-
•		Form 990, Part IV, line 5 (Prox	(y Tax) (See separate	instructions) or Form 990	0-EZ, P	art V, line 35c (Proxy
Tax) (See separate inst		iono: Complete Dort III				
Name of organization), or (6) organizat	ions: Complete Part III.		Em	nlovor	identification numbe
Name of organization	10 000 000	DEEG		E.(1)		
Part I-A Compl	10,000 DEGE	anization is exempt und	er section 501(c)	or is a section 527 o		95-3667812
	ete il tile org	anization is exempt and			ngam	241011.
4 Deside a desided			-1			
		ation's direct and indirect politic			•	
2 Political campaign	• •			▶	\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ete if the ora	anization is exempt und	er section 501(c)	(3)		
		•		. /	<u>ф</u>	
	•	incurred by the organization und		►		
		incurred by organization manage				
		n 4955 tax, did it file Form 4720				
b If "Yes," describe in Part I-C Compl		anization is exempt und	er section 501(c)	except section 501	(c)(3)	
		l by the filing organization for se			ъ	
		ization's funds contributed to ot			۴	
exempt function ac		Add lines 1 and 0. Entry have a			\$	
		. Add lines 1 and 2. Enter here a			۴	
						Yes N
		1120-POL for this year?				
		ployer identification number (Ell tion listed, enter the amount pai				
		omptly and directly delivered to a				
	•	additional space is needed, prov			uto bog	regulation fully of a
(a) Name		(b) Address	(c) EIN			Amount of political
(a) Name	3	(b) Address		(d) Amount paid from filing organization's		e) Amount of political tributions received an
				funds. If none, enter -0) p	promptly and directly
						elivered to a separate
					þ	oolitical organization. If none, enter -0

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

SCHEDULE C

(Form 990)

	10,000 DEGREES				567812 Page 2
Part II-A Complete if the organized section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belongs to an affili	ated group (and list in	Part IV each affiliated o	Iroup member's name	address FIN
	e of excess lobbying ex	• • •	r art iv baoir anniatoù g		, addrood, Ent,
	tion checked box A and	, ,	visions apply.		
Limit	ts on Lobbying Expen ditures" means amour	ditures		(a) Filing organization's	(b) Affiliated group totals
(110 0.111 0.2010				totals	
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)		0.	
b Total lobbying expenditures to influ	lence a legislative body	/ (direct lobbying)		0.	
c Total lobbying expenditures (add lir	nes 1a and 1b)			0.	
d Other exempt purpose expenditure	es			11,718,547.	
e Total exempt purpose expenditures	s (add lines 1c and 1d)			11,718,547.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	columns.	735,927.	
If the amount on line 1e, column (a) or	r (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	20% of th	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,000) plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,000	D plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,000) plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (ent	,			183,982.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero			_	0.	
j If there is an amount other than zer				Г	—
reporting section 4911 tax for this					Yes No
(Some organizations th	nat made a section 50	raging Period Under 1(h) election do not h te instructions for lin	ave to complete all of	the five columns be	low.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	694,466.	743,117.	635,564.	735,927.	2,809,074.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					4,213,611.
c Total lobbying expenditures					
d Grassroots nontaxable amount	173,617.	185,779.	158,891.	183,982.	702,269.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,053,404.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes No		Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditure next year?		. 4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
			lines 1 -	ad 0 (0	
L101	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iisi), mart II-A	, intes i al	iu ∠ (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

(Form 990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
10004
2021
Open to Public
Increation

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
	10,000 DEGREES				ployer identification numb 95-3667812
Pa		ations Maintaining Donor Advise		or Accour	nts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year			
2	Aggregate value of	of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes
6	•	on inform all grantees, donors, and donor a	• •		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring	
De	impermissible priv				
Pa		vation Easements. Complete if the org		Part IV, line 7	
1		servation easements held by the organization			
		n of land for public use (for example, recrea	tion or education)	a historically	important land area
		of natural habitat	Preservation of	a certified hi	storic structure
		n of open space			
2		a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserva	
	day of the tax yea	ır.			Held at the End of the Tax Ye
а					
b	-				
с		rvation easements on a certified historic stru			
d		rvation easements included in (c) acquired a			
		nal Register			
3		rvation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	during the tax
_	year				
4		where property subject to conservation eas			
5		ation have a written policy regarding the per			
-		forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ements during the year
_	►	<u> </u>			
1		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easemen	ts during the year
~	►\$				
8		rvation easement reported on line 2(d) abov			
~	and section 170(h		· · · · · · · · · · · · · · · · · · ·		
9		be how the organization reports conservation	•		
		d include, if applicable, the text of the footn	iote to the organization's infancial stateme	ents that desc	cribes the
Pa	rt III Organiza	counting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures, or Ot	her Simila	r Assets.
		if the organization answered "Yes" on Form			
10		elected, as permitted under FASB ASC 95		nd balance s	heet works
14	0	easures, or other similar assets held for put	· · · ·		
		Part XIII the text of the footnote to its finar			μαριο
b	· •	elected, as permitted under FASB ASC 95			works of
U	-	sures, or other similar assets held for public			
				iciance or pu	
	-	ing amounts relating to these items:		•	¢
		Ided on Form 990, Part VIII, line 1		•	\$\$
0	.,		asuras, or other similar assots for financial		
2	•	received or held works of art, historical treaters required to be reported upder EASP A		i yain, provide	5
-	-	unts required to be reported under FASB A	So and relating to these items.	►	¢
d	inevenue included	l on Form 990, Part VIII, line 1			Ψ

LHA	For Paperwork Reduction Act Notic	ce, see the Instructions for Form 990.

► \$

►

Sche	dule D (Form 990) 2021 10 , 000 DEGR						95-366		P	age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Otl	her Si	milar A	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	ollowing that mak	e signif	icant use	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt	purpose	in Part 2	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes"	on For	m 990, F	Part IV, li	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets n	not inclu	uded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:		,					
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account lia	ability?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>				
Par	t V Endowment Funds. Complete if						1			<u> </u>
		(a) Current year	(b) Prior year	(c) Two years bac		Three yea		(e) Four		
1a	Beginning of year balance	1,900,202.	1,465,885.	1,707,044	_	1,671		1,		083.
b	Contributions	20,500.	85,990.	60,50			,500.			500.
с	Net investment earnings, gains, and losses	-272,115.	412,674.	-17,343	1.	43	,369.		112,	390.
	Grants or scholarships									
е	Other expenditures for facilities		64.245	004.014		60	202		0.1	405
	and programs	70,750.	64,347.	284,318	8.	68	,303.		91,	495.
f	Administrative expenses	1 555 005	1 000 000	1 465 000	-	1 000	0.4.4	- 1	<u></u>	450
g	End of year balance	1,577,837.	1,900,202.		·	1,707	,044.	1,	6/1,	478.
2	Provide the estimated percentage of the curre) held as:						
а	Board designated or quasi-endowment	.0000	_%							
	Permanent endowment 97.5910	%								
С	Term endowment 2.4090 g									
-	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered fo	r the or	rganizatio	on	Г	V	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	<u> </u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4 Da	t VI Land, Buildings, and Equipme		wment funds.							
Fai	Complete if the organization answered		Part IV line 11a S	oo Form 000 Part	V lino	10				
								(-1) D1		
	Description of property	(a) Cost or of basis (investm	• • •	or other (c (other)	depred	mulated		(d) Book	valu	е
1-	Land	`			acpiec					
	Land									
	Buildings			19,683.		8,13	6		11	547.
	Leasehold improvements			368,056.		275,33			,	719.
	Equipment			50,066.		275,33				636.
	Other			,		23,43	<u>, , , , , , , , , , , , , , , , , , , </u>			902.
Total	Add lines 1a through 1e. (Column (d) must ed	jual Form 990, Part /	<u>x, column (B), line 1</u>	UC.)			hodulo	D (Form		
						30	nouuie			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTERESTS HELD BY MARIN		
(B) COMMUNITY FOUNDATION	1,823,921.	END-OF-YEAR MARKET VALUE
(C) BONDS	109,767.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,933,688.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEBT IMPACTED SECURITIES	1,248,000.
(0)	DEFERRED RENT	21 435

(3) DEFERRED RENT	<u></u>
(4) CAPITAL LEASE	30,413.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,299,848.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2021 10,000 DEGREES			95-366781	2 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	21,399,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	4,950.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-312,628.		
е	Add lines 2a through 2d			2e	-307,678.
3	Subtract line 2e from line 1			3	21,707,002.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	21,707,002.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With I	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	13,198,803.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,950.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	4,950.
3	Subtract line 2e from line 1			3	13,193,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,193,853.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENTS CONSIST OF APPROXIMATELY 10 INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND

TAXATION CODE, SECTION 23701D (OR OTHER STATES AND CODE SECTIONS, AS

RELEVANT). ACCORDINGLY, IT HAS NOT PROVIDED FOR INCOME TAXES IN THESE

FINANCIAL STATEMENTS.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION THE

Schedule D (Form 990) 2021 ID, 000 DEGREES	95-366/812	Page 5
Schedule D (Form 990) 2021 10,000 DEGREES Part XIII Supplemental Information (continued)		
ORGANIZATION HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON		
EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT		
ANY POSITIONS THE ORGANIZATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL		
AUTHORITY AND, HENCE, DO NOT NEED TO BE MEASURED OR DISCLOSED IN THESE		
FINANCIAL STATEMENTS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE OF BENEFICIAL INTEREST -312,628.		

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047	
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2021	
Department of the Treasury		Attach to Form 99						Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for ins	tructior	s and	the latest informati	on.	Employer is	Inspection	
Name of the organization	10,000 DEGI	DEEC					95-36678	lentification number	
Part I Fundrais	/	Complete if the organization answ	uarad "N	'oo" or	Earm 000 Dart IV/	ino 1			
	complete this part	Complete il the organization answ	vered i	es or	Form 990, Part IV, I	ine i	7. FOITH 990-E	2 mers are not	
		ed funds through any of the follow	ing activ	/ities. (Check all that apply.				
a 📃 Mail solicitat	tions	e 📃 Solicit	ation of	non-g	overnment grants				
b Internet and	email solicitations	f Solicit	ation of	gover	nment grants				
c 🔄 Phone solici	tations	g 📃 Specia	al fundra	aising	events				
d 🔄 In-person so									
		r oral agreement with any individua				tees,		—	
• • •		art VII) or entity in connection with	-		-		Ye 🗌		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) purs	suant to	agreer	ments under which th	ne fui	ndraiser is to I	De	
	ast \$5,000 by the				1				
(i) Name and addres	s of individual		(iii)	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)		(vi) Amount paid	
or entity (fund		(ii) Activity		ustody htrol of	from activity	fundraiser		to (or retained by) organization	
			contrib	utions?		lis	ted in col. (i)		
			Yes	No	-				
			_						
Total									
	ich the organizatio	n is registered or licensed to solicit	: contrib	utions	or has been notified	it is	exempt from I	registration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

10,000 DEGREES

95-3667812 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			HYBRID GALA-OAC			col. (c))	
e			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,059,672.			1,059,672.	
	2	Less: Contributions	1,053,470.			1,053,470.	
	3	Gross income (line 1 minus line 2)	6,202.			6,202.	
	4	Cash prizes					
	5	Noncash prizes					
benses	6	Rent/facility costs	30,969.			30,969.	
Direct Expenses	7	Food and beverages	53,859.			53,859.	
_	8	Entertainment	5,750.			5,750.	
	9	Other direct expenses	52,686.			52,686.	
1	10	143,264.					
_ 1	11	-137,062.					

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:							
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:							

Sch	nedule G (Form 990) 2021 10,000 DEGREES 95-	366781	.2	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
		—		
ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow$ \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	No No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lir	ies 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

chedule G (Form 990) IO, OOO DEGREES	32-200/012	Page
Part IV Supplemental Information (continued)		

SCHEDULE I (Form 990)	Go	arants and Oth vernments, an	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Compl	lete if the organization ► Go to www.ir	n answered "Yes" Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization 10,000 DEGRE	ES						Employer identification number 95-3667812
Part I General Information on Grants 1 Does the organization maintain records criteria used to award the grants or ass 2 Describe in Part IV the organization's p	to substantiate the istance? rocedures for monit	toring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COLLEGE OF MARIN KENTFIELD CAMPUS 835 COLLEGE AVE KENTFIELD, CA 94904	68-0194359	GOVERNMENT	60,000.	0.			CHILDCARE SCHOLARSHIPS
NORTH BAY CHILDREN'S CENTER 932 C STREET NOVATO, CA 94949	94-3024246	501(C)(3)	60,000.	0.			CHILDCARE SCHOLARSHIPS
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in the	e line 1 table		l	·····	<u>2.</u>
3 Enter total number of other organization			<u></u>				0. Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

10,000 DEGREES

95-3667812

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NDERGRADUATE SCHOLARSHIPS	2031	4,148,832.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2. Part III. column	(b): and any other ac	lditional information	

art IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info

PART I, LINE 2:

AWARD AMOUNTS ARE BASED ON SCHOOL TYPE AND CONTINGENT ON APPLICANTS'

FINANCIAL NEED AS DETERMINED BY THE EFC (ESTIMATED FAMILY CONTRIBUTION)

WHICH IS CALCULATED THROUGH THE FAFSA OR CALIFORNIA DREAM ACT PROCESS. TO

ENSURE THAT WE PROVIDE MEANINGFUL SUPPORT TO OUR SCHOLARSHIP RECIPIENTS, WE

RE-EVALUATE OUR AVERAGE AWARD AMOUNT EVERY YEAR. WE TRACK FEDERAL AND STATE

FINANCIAL AID CHANGES, AS WELL AS CHANGES IN TUITION AND FEES AT PUBLIC AND

PRIVATE UNIVERSITIES. STUDENTS MUST RE-APPLY AND SUBMIT ENROLLMENT

VERIFICATION, TRANSCRIPTS AND FINANCIAL NEED INFORMATION EACH SEMESTER TO

Schedule I	(Form 990)	10,000) DEGREES
Part IV	Suppleme	ental Informatio	n

ENSURE ONGOING ELIGIBILITY.

SCH	EDULE J	Compe	nsation Information	1	OMB No. 1	545-004	47
(Forr	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					91	
						2021	
	ent of the Treasury		Open to		ic		
	Revenue Service		990 for instructions and the latest information.	Employeride	Inspe		
Name	of the organizatior	10,000 DEGREES		Employer ide 95-366		on nur	nper
Part		Regarding Compensation		95-300	0/012		
ran		s negariting compensation				Yes	No
1a (beck the appropri-	ate box(es) if the organization provided a	ny of the following to or for a person listed on Form	990		Tes	NO
			elevant information regarding these items.	330,			
L	First-class or c	· · · ·	Housing allowance or residence for perso	naluse			
Г	Travel for com		Payments for business use of personal re-				
Г		ation and gross-up payments	Health or social club dues or initiation fee				
Γ		pending account	Personal services (such as maid, chauffer				
	,						
b lf	f any of the boxes of	on line 1a are checked, did the organizati	on follow a written policy regarding payment or				
	-				1b		
2 D	id the organization	require substantiation prior to reimbursi	ng or allowing expenses incurred by all directors,				
tı	rustees, and officer	s, including the CEO/Executive Director,	regarding the items checked on line 1a?		2		
3 Ir	ndicate which, if ar	y, of the following the organization used	to establish the compensation of the organization's				
C	CEO/Executive Dire	ctor. Check all that apply. Do not check	any boxes for methods used by a related organization	on to			
e	stablish compensa	tion of the CEO/Executive Director, but e	explain in Part III.				
	X Compensation	committee	Written employment contract				
	X Independent c	ompensation consultant	X Compensation survey or study				
L	Form 990 of of	her organizations	X Approval by the board or compensation c	ommittee			
			Section A, line 1a, with respect to the filing				
	organization or a rel	-					x
		e payment or change-of-control payment					X
		eive payment from a supplemental nonqu					X
		eive payment from an equity-based composed and provide the	applicable amounts for each item in Part III.		. <u>4c</u>		
	Tes to any of in	es 4a.c, list the persons and provide the	applicable amounts for each termin Fart III.				
Ċ	only section 501(c	(3), 501(c)(4), and 501(c)(29) organizati	ons must complete lines 5-9.				
			did the organization pay or accrue any compensatio	'n			
	contingent on the re						
	e e				5a		x
							X
		r 5b, describe in Part III.					
			did the organization pay or accrue any compensatio	'n			
с	ontingent on the n	et earnings of:					
a⊺	he organization?				6a		x
							x
		r 6b, describe in Part III.					
			did the organization provide any nonfixed payments				
					7		X
			ccrued pursuant to a contract that was subject to th	ie			
					. 8		X
			ble presumption procedure described in				
					9		
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	ns for Form 990.	Schedul	le J (Forn	n 990)	2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

95-3667812

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KIM MAZZUCA	(i)	210,161.	0.	0.	10,445.	1,599.	222,205.	٥.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) TRACI LANIER	(i)	175,962.	0.	0.	8,787.	16,092.	200,841.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CAROLINE SILVERSTEIN	(i)	140,161.	0.	0.	7,000.	17,496.	164,657.	0.	
CHIEF DEVT. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
(i)									
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Archeological artifacts

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2021 **Open to Public** Inspection

Name of the	organization
-------------	--------------

►

Go to www.irs.gov/Form990 for instructions and the latest information.	
	Go to www.irs.gov/Form990 for instructions and the latest information.

pioyer	identification	numpe

Nam	e of the organization				Employer identification number
	10,000 DEGREES				95-3667812
Pa	rt I Types of Property				÷
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	х	6	58,905.E	WV.
0	Securities - Closely held stock				
1	Securities - Partnership, LLC, or				
	trust interests				
2	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
4	Qualified conservation contribution - Other \dots				
5	Real estate - Residential				
6	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
9	Food inventory		2	25,087.	WV.
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				

25	Other 🕨	(WINE)	Х	32		18,973.	FMV
26	Other 🕨	(EQUIPMENT)	X	1		1,265.	FMV
27	Other 🕨	(TICKETS)	Х	1		300.	FMV
28	Other 🕨	()					
29	9 Number of Forms 8283 received by the organization during the tax year for contributions							
	for which the organization completed Form 8283, Part V, Donee Acknowledgement						29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	I (Form 990) 2021 10,000 DEGREES	95-3667812	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	3. and whether the organ	ization
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a con	nbination of both. Also co	mplete
	this part for any additional information.		
SCHEDULE	M, PART I, COLUMN (B):		
	ER OF CONTRIBUTIONS ARE BEING REPORTED.		
THE NUMBE	A OF CONTRIBUTIONS ARE BEING REPORTED.		
			-

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization			identification number
FORM 990 PART TT	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	1 20 00	
,	· · ·		
	ESS, ENROLLMENT, AND GRADUATION AS WELL AS		
	IAL AID SUPPORT AND MANAGEMENT. WE ALSO PROVIDE		
COMPREHENSIVE COLL	EGE SUCCESS PROGRAMMING AND FINANCIAL AID SUPPORT		
AFTER STUDENTS ENR	OLL IN COLLEGE. OUR COLLEGE SUCCESS SUPPORT INCLUDES		
SCHOLARSHIP GRANTS	AS WELL AS ON-CAMPUS OFFICE HOURS, NEAR-PEER		
ADVISING, AN INNOV	ATIVE TEXTING PLATFORM, LEADERSHIP DEVELOPMENT		
OPPORTUNITIES, AND	PAID SUMMER INTERNSHIPS FOR CURRENT COLLEGE		
STUDENTS.			
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
CAREER DEVELOPMENT	. THROUGH OUR COMMUNITY COLLEGE SUCCESS INITIATIVE,		
10,000 DEGREES STA	FF WORK ON CAMPUS WITH HIGH SCHOOL SENIORS ENSURING		
THEY ARE PREPARED .	AND SUPPORTED TO SUCCEED AT COMMUNITY COLLEGE.		
IN ADDITION TO COL	LEGE SUCCESS SUPPORT, 10,000 DEGREES AWARDS		
UNDERGRADUATE SCHO	LARSHIPS AS WELL AS ADMINISTERS ADDITIONAL		
SCHOLARSHIPS FOR M	ORE THAN 65 FOUNDATIONS, CIVIC ORGANIZATIONS, AND		
INDIVIDUALS. ALL O	F OUR STUDENTS MEET THE FINANCIAL REQUIREMENTS TO BE		
PELL GRANT ELIGIBL	E AS DETERMINED BY THE FREE APPLICATION FOR FEDERAL		
STUDENT AID (FAFSA). ADDITIONALLY, WE ADMINISTER PROFILE-SPECIFIC		
SCHOLARSHIPS FOR Q	UALIFYING UNDERGRADUATES, INCLUDING SCHOLARSHIPS FOR		

TEACHER AND VOCATIONAL TRAINING AS WELL AS SCHOLARSHIPS TO HELP COVER

THE COST OF CHILDCARE WHILE IN SCHOOL. SINCE 1986, WE HAVE ADMINISTERED

THE DONOR ADVISED SCHOLARSHIPS OF THE MARIN COMMUNITY FOUNDATION.

LIKEWISE, SINCE 2014, WE HAVE ADMINISTERED THE DONOR ADVISED

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
10,000 DEGREES	95-3667812
SCHOLARSHIPS FOR THE COMMUNITY FOUNDATION OF SONOMA COUNTY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ONCE THE 990 TAX RETURN HAS BEEN COMPLETED BY THE TAX PREPARER, IT IS	
FORWARDED TO THE PRESIDENT & TWO VICE PRESIDENTS AND THE FINANCE DEPARTMENT	
FOR REVIEW. THE FINAL DRAFT IS SENT TO THE TREASURER OF THE BOARD FOR FINAL	
REVIEW AND IS MADE AVAILABLE TO THE BOARD BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS REVIEWED AND ENFORCED ON AN ANNUAL BASIS.	
ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ON AN	
ANNUAL BASIS.	
IF A CONFLICT OF INTEREST ARISES, THE BOARD DETERMINES, BEFORE THE	
TRANSACTION THAT (1) THIS CORPORATION IS ENTERING INTO THE TRANSACTION FOR	
ITS OWN BENEFIT; (2) THE TRANSACTION IS FAIR AND REASONABLE TO THIS	
CORPORATION AT THE TIME; AND (3) AFTER REASONABLE INVESTIGATION, THE BOARD	
DETERMINES THAT IT COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT	
WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES. SUCH DETERMINATIONS MUST BE	
MADE BY THE BOARD IN GOOD FAITH, WITH KNOWLEDGE OF THE MATERIAL FACTS	
CONCERNING THE TRANSACTION AND THE INTEREST OF THE DIRECTOR OR DIRECTORS IN	
THE TRANSACTION, AND BY VOTE OF THE MAJORITY OF THE DIRECTORS THEN IN	
OFFICE, WITHOUT COUNTING THE VOTE OF THE INTERESTED DIRECTOR OR DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
REQUIRED REVIEW AND APPROVAL BY A GOVERNING BODY OR COMPENSATION COMMITTEE,	
PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST REGARDING THE	

COMPENSATION ARRANGEMENT AT ISSUE WERE NOT INVOLVED. WE REVIEW DATA AS TO

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Name of the organization 10,000 DEGREES	Employer identification number 95-3667812
COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY	
COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. WE RETAIN	
CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND	
DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
ARE AVAILABLE UPON REQUEST. ADDITIONALLY, ANNUAL AUDITED FINANCIAL	
STATEMENTS AS WELL AS ANNUAL RETURNS ARE POSTED ON OUR WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST -312,628.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

